PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032

- 0 2007

5		no persons are requ	ired to res	oond to a collection	n of informat	ion unless it displays	a valid OMB control num	
	A Sees (1) Suant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known				
				Application Nun	nber 10)/723,989		
FEE TRANSMITTAL			\∟ [Filing Date Nove		ovember 26, 200	vember 26, 2003	
For FY 2006				First Named Inventor Brian D. Kernan				
				Examiner Name Wy		Vyszomierski, George P.		
✓ Applicant claims small entity status. See 37 CFR 1.27			<u> </u>	Art Unit		1742		
TOTAL AMOUNT OF PAY	(\$)	190.00		Attorney Docke	t No. M	IT 10327 US		
METHOD OF PAYMEN	IT (check all	that apply)						
Check Credit	Cord D	Money Order	¬ _N -	Othory	.1	car		
7		•		-	please identi		 	
Deposit Account				Deposit A				
For the above-ident	ified deposit a	iccount, the Direct	or is here	by authorized to	: (check al	that apply)		
✓ Charge fee(s	s) indicated be	low		Charg	ge fee(s) in	dicated below, exc	cept for the filing fee	
		s) or underpayme	nts of fee	(s) Credi	t any overp	payments		
under 37 CF لـــــــــــــــــــــــــــــــــــ	R 1.16 and 1.		card info		, ,	•	ovide credit card	
formation and authorization		come public. Groun	caro mio	illation should h	ot be melae	100 011 11113 101111. 7 1	Ovide cream card	
FEE CALCULATION (A	All the fees	below are due ı	ıpon fili	ng or may be	subject t	o a surcharge.)	
. BASIC FILING, SEA	RCH. AND I	XAMINATION	FEES					
	FILING F	FEES		CH FEES	EXAMI	NATION FEES		
Application Type	<u>S</u> Fee (\$)	mall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250 .	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200							
		100	0	0	0	0	O II	
2. EXCESS CLAIM FEES Fee Description							Small Entity Fee (\$)	
Each claim over 20 ((including R	eissues)				<u>Fee (\$)</u> 50	25	
Each independent cl			ies)			200	100	
			,			360	180	
		ns Fee (\$)	Fee	Paid (\$)		Multiple De	pendent Claims	
Multiple dependent	Extra Clain							
Multiple dependent	Extra Clain	_ x	=			Fee (\$)	Fee Paid (\$)	
Multiple dependent of Total Claims		_ x	_=			Fee (\$)	Fee Paid (\$)	
Multiple dependent of Total Claims - 20 or HP = HP = highest number of total Indep. Claims		xr, if greater than 20.		Paid (\$)		Fee (\$)	Fee Paid (\$)	
Multiple dependent of Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP =	al claims paid fo Extra Clain	xr, if greater than 20. ns Fee (\$)	Fee I	Paid (\$)		Fee (\$)	<u>Fee Paid (\$)</u>	
Multiple dependent of Total Claims - 20 or HP = HP = highest number of total Indep. Claims	al claims paid fo Extra Clain ependent claims	xr, if greater than 20. ns Fee (\$)	Fee I	Paid (\$)		Fee (\$)	<u>Fee Paid (\$)</u> 	

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fractions. Number of each additional 50 or fraction thereof
(round up to a whole number) x Fee Paid (\$) ____ / 50 = -- 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): one month extension (\$60), 2 terminal disclaimer fees (2X \$65) 190.00

SUBMITTED BY			1	
Signature	Sten	14	Registration No. 31,581	Telephone 617 354-9343
Name (Print/Type)	Steven J. Weissbi	тg		Date February 9, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.